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## Docket No. AMENDMENT TRANSMITTAL LETTER MRI-005CP2CPA Art Unit Examiner Filing Date Application No. 1634 Goldberg, J. August 13, 1999 09/374554 Applicant(s): Andrew W. Shyjan, et al. METHODS AND COMPOSITIONS FOR THE IDENTIFICATION AND ASSESSMENT OF CANCERS THERAPIES Invention: TO THE COMMISSIONER FOR PATENTS AUG 2 0 2002 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. TECH CENTER 1600/2900 CLAIMS AS AMENDED Highest Claims Number Number Remaining Previously Extra Claims After Rate Present Amendment Paid 0.00 Х 40 10 **Total Claims** 0.00 Independent х 9 4 Claims Multiple Dependent Claims (check if applicable) 920.00 Extension for response within third month Other fee (please specify): 920.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity x Large Entity No additional fee is required for this amendment. 920.00 in the amount of \$ 12-0080 x Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. to cover the filing fee is enclosed. A check in the amount of \$ \_\_\_ Payment by credit card. Form PTO-2038 is attached. X The Commissioner is hereby authorized to charge and credit Deposit Account No. \_\_\_12-0080 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: August 13, 2002 DeAnn F. Smith Attorney Reg. No.: 36,683 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington DC 20231, on the date shown below. 2 Au (DeAnn F. Smith) Signature: \_ Dated: August 13, 2002

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Una the Paperwork Reduction Act of 198	95. no persons are requ	ired to r	espond t	U.S. F	Patent an lection o	d Tradema	PTO/S ed for use through 10/31/2002. OMI ark Office; U.S. DEPARTMENT OF C on unless it displays a valid OMB cor	OMMERCE	
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Patent fees are subject to annu	ual revision.		First Named Inventor Andrew W. Shyjan  Examiner Name J. Goldberg					m	ķ
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Applicant claims small entity status			Group					<del></del>	Ľ
TOTAL AMOUNT OF PAYMENT	(\$) 920.00		Attom	ey Do	cket No		MRI-005CP2CPA		ŗ
METHOD OF PAYMENT (check	all that apply)				FEE	CALCU	LATION (continued)	8	Ł
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X Charge fee(s) indicated below X Cr	edit any overpayments	139	130	139	130	Non-Engl	ish specification		ı
X Charge any additional fee(s) during the pend	dency of this	147	2,520	147	2,520	For filing a	request for ex parte reexamination		I
application  Charge fee(s) indicated below, except for the filling fee		112	920*	112	920*		ng publication of SIR prior to		l
to the above-identified deposit account.		113	1,840*	113	1,840*	Requestin Examiner	ng publication of SIR after		I
FEE CALCULATION	1	115	110	215	55		for reply within first month		ı
1. BASIC FILING FEE		116	400	216	200	Extension	for reply within second month		ı
Large Entity Small Entity		117	920	217	460	Extension	for reply within third month	920.00	١
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101 740 201 370 Utility filing fee	100.44	128	1,960	228	980	Extension	n for reply within fifth month		١
106 330 206 165 Design filing fee		119	320	219	160	Notice of			١
107 510 207 255 Plant filing fee		120	320	220	160	_	rief in support of an appeal		I
108 740 208 370 Reissue filing fe		121	280	221	140	•	for oral hearing	<u> </u>	ı
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1	460	242	230	Design is			
Claims be	elow Fee Paid	143	620	243	310	Plant iss		$\vdash$	. 1
Total Claims 9 -40** = X	= 0.00	144	130	122	130		to the Commissioner		١
Claims 4 -9** = x	= 0.00	122	130	122	130	-	to the Commissioner		1

SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid	SUBTO:	TAL (3) (\$) 920.00
SUBMITTED BY		Complete	(if applicable)
Name (Print/Type) DeAnn F. Smith, Esq.	Registration No. (Attorney/Agent) 36,683	Telephone	(617) 227-7400
Signature Le Q. J. Dr.	lti.	Date	August 13, 2002

123

126

581

146

149

179

169

Fee Description

Claims in excess of 20

over original patent

42 Independent claims in excess of 3

140 Multiple dependent claim, if not paid

\*\* Reissue independent claims

and over original patent

\*\* Reissue claims in excess of 20

Multiple Dependent

Fee (\$)

18

84

280

84

18

Small Entity

(\$)

9

42

Fee Code

203

202

204

209

210

Large Entity

Code

103

102

104

109

110

50

180

40

740

740

740

900 | 169

Other fee (specify)

123

126

581

246

249

279

50

180

40

370

370

370

900

Processing fee under 37 CFR 1.17(q)

Recording each patent assignment per

property (times number of properties)

Filing a submission after final rejection (37 CFR 1.129(a))

For each additional invention to be examined (37CFR 1.129(b))

Request for expedited examination

of a design application

Submission of Information Disclosure Stmt

Request for Continued Examination (RCE)

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envelope addressed to:	Commissioner for Patents, Washington, DC 20231, on the date shown below.
Dated: August 13, 2002	Commissioner for Patents, Washington, DC 20231, on the date shown below.  Signature: (DeAnn F. Smith)